

ናይ ሽያጢ ልዕለ-ክፍሊት ምልክታ Vendor Overpayment Notice

1. ናይ ኩባንያ /አቅራቢ ስምን አድራሻን

2. ዕለት
3. ጸብጻቢ አሃዱ ወይ ከአ ውድባዊ ሓባሪ
4. ናይ ሽያጢ/አቅራቢ ቁጽሪ VR
5. SSPS አገልግሎት ኮድ /ምንጪ /ምክንያት / ናይ ምክንያት ኮድ
6. SSPS መዝነት ቁጽሪ
7. ናይ ሕሳብ ኮዳት (NON SSPS ልዕለ-ክፍሊት)
8. ናይ ተቐባሊ ስም

9. ንሕና ንስኹም ልዕለ-ክፍሊት ናይ አቅራቢ ወይ አገልግሎታት ከምዝተቐበልኩም ሽኒንና አለና ካብ _____ ከሳብ _____ ድምር ናይ \$ _____ ።

10. ናይቲ ልዕለ-ክፍሊት መግለጺ፡-

ንሕና ኣብ ውሽጢ ዕስራ (20) መዓልታት ምቕባል ናይዚ ምልክታ ክፍሊት ክንቅበል አለና። ቸክ ወይ ናይ ገንዘብ ትእዛዝ ስይዱ (ናይቲ ሽያጢ / አቅራቢ ቁጽሪ ኣብ ኩሉ ክፍሊታት፣ ምልእኣኻት፣ ከምኡ ከአ ናይ ተሌፎን ጻውዒታት ኣጠቓልሉ) ተኸፋሊ ዝኸውን ናብ “ክፍሊ ማሕበራውን ጥዕናውን አገልግሎታት / ቤት ጽሕፈት ፋይናንስያዊ ምሕዋይ”፣ ናብ፡

DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
ECONOMIC SERVICES ADMINISTRATION (ESA)
OFFICE OF FINANCIAL RECOVERY (OFR)
PO BOX 9501 MS 45862
OLYMPIA WA 98507-9501

እንተደኣ ንዳግመ-ምኽፋል ምቅርራባት ክትገብሩ ደሊኹም፣ ንቤት ጽሕፈት ፋይናንስያዊ ምሕዋይ ወይ ናይ ሽያጣይ ምሕዋይ ደውሉ፡-

(360) 664-5700
1-800-562-6114 (ናይ ነጻ ምድዋል)
1-800-833-6388 (TTY-WA ናይ ክፍሉ ሃገር ምስግጋር አገልግሎት)

እንተደኣ ምስዚ ምልክታ ዘይትሰማምዑ ኬንኩም ምምሕዳራዊ ናይ ምስማዕ ዕድል ክትጠልቡ ትኽእሉ። እቲ ጠለብኩም ብ ጽሑፍ ክኸውን ኣለዎ ነዚ ዝስዕብ ድማ ከጠቓልል ኣለዎ፡-

- ናትኩም ስም፣ አድራሻ፣ ቁጽሪ ተሌፎን፣ ከምኡ ከአ ናይ ሽያጣይ / አቅራቢ ቁጽሪ (ኣብ ኩሉን ነፍስ ወከፍን ገጽ ኣቐምጡ)።
- ነቲ ነዚ ምልክታ እዚ ዘይቅነዕ ዝገብሮ ምክንያት(ምክንያታት) ግለጹ ንዝኾነ ደጋፊ ዝኾነ ስነዳታት ድማ ኣጠቓልሉ።
- እቲ ጠለብ ብቤት ጽሕፈት ፋይናንስያዊ ምሕዋይ (ኣብ ላዕሊ ዘሎ አድራሻ) ኣብ ውሽጢ ዕስራን-ሽምንተን (28) መዓልታት ምቕባል ናይዚ ምልክታ እዚ ተቐባሊ ክኸውን ኣለዎ።
- ብዝተመስከረሉ ናይ ደብዳቤ ምምላስ ቅብሊት ዝጠልብ (CMRRR) ወይ ካልእ ክትከታተሉ ዝከኣል ናይ ምስትሰላም አገልግሎታት ክስደድ ኣለዎ።

ናይ ልዕለ-ክፍሊት ልቓሕ ብመንገዱ ትሕጃ፣ ምግባት፣ ምምንዛዕ ከምኡ ከአ መሸጣ አንጻር ናይ ዘይተንቀሳቓሲ ወይ ግላዊ ንብረትኩም፣ ትእዛዝ ናይ ምሓዝን ምቕራብን (ምስላም)፣ ወይ ካልእ ዝኾነ ነቲ ናይ ልዕለ-ክፍሊት ልቓሕ ዘዕግብ ንዓና ቅሩብ ዝኾነ ናይ ምእካብ ስጉምቲ ጌርና ክንእከብ ንኽእል። (RCW 43.20B.675)።

ምስ ምእካብ ናይዚ ልዕለ-ክፍሊት ዝተሓሳዝ ወለድን ከምኡ ከአ ዝኾነ ካልእ ወጻኢታትን ከነኸፍላኩም ንኽእል ኢና (RCW 43.20B.695)።

11. ናይ ሰራሕተኛ ከታም	12. ናይ ሰራሕተኛ ስም (ጎሊሑ ዝተጻሕፈ)
13. ናይ ሰራሕተኛ ቁጽሪ ተሌፎን	
ናይ ሰራሕተኛ ኢመይል አድራሻ	

ብኸብረትኩም ነቲ ናይ አንላይን ቅዳሕ ናይዚ ኦርጂኒ እዚ ምልእዎ ኣብ፡- <http://asd.dshs.wa.gov/FRMS/index.htm>

Instructions for completing the Vendor Overpayment Notice, DSHS 18-398A

A complete vendor overpayment packet must include: a) DSHS Form 18-398A - Vendor Overpayment Notice; b) DSHS Form 18-399 - Social Service Incorrect Payment Computation. Both forms are available online at: <http://www.dshs.wa.gov/FRMS/index.html> Please type all forms online, print, and mail to the Office of Financial Recovery (OFR) at MS 45862 or by United States Postal Service (USPS) (see address information at the bottom of this page) or send as an email attachment to: vendorop@dshs.wa.gov.

A. Completing the overpayment forms (must be typed)

1. Company / Provider's Name and Address: vendor/provider's name and business address as it appears on the contract.
2. Date: enter the date that the 18-398a is filled out.
3. Reporting Unit or Org Index: used for the payment.
4. Vendor / Provider Number: enter the Vendor / Provider's number under which the overpayment was incurred. Use the suffix "VR" after the numerals.
5. SSPS Service Code, Source Reason Code, and Reason Code: all three codes refer to the service under which the overpayment occurred.
6. SSPS Authorization Number: enter the SSPS authorization number.
7. Account Coding: If the overpayment is not related to an SSPS service, provide the following AFRS coding: Fund, Appropriation Index, Program Index, Sub Object, Sub-sub Object, Organization Index, and Allocation Code.
8. Recipient Name: DSHS client receiving service associated with the overpayment.
9. Overpayment Service Period: state the period the overpayment occurred and the amount of overpayment.
10. Explanation of Overpayment: provide a brief explanation of what caused the overpayment.
11. Worker's Signature: sign in this box (only if mailing document to OFR).
12. Worker's Name: print your name in this box.
13. Worker's Telephone Number and Email Address: include your direct phone number and email address.

B. E-Mailing the overpayment packet to OFR

1. The link to the online form is: <http://www.dshs.wa.gov/FRMS/index.html>
2. Send the completed form to OFR as an email attachment to: vendorop@dshs.wa.gov
3. If you have any questions or need any other assistance, send an email to: vendorop@dshs.wa.gov

C. Overpayment modification

1. Complete a new form by following the instructions in section A above.
2. When modifying an overpayment, DO NOT write "Cancel" or any other handwritten information on or across the old Notice of Overpayment form.
3. Use today's date. In box 10 type "This is a modification of a debt sent previously". Enter new amount and explanation including date and amount of original overpayment.
4. Mail the completed form to Office of Financial Recovery (OFR) / CVOU at MS 45862 or by United States Postal Service (USPS) (see information at the bottom of this page) or send as an email attachment to: vendorop@dshs.wa.gov
5. If you have any questions or need any other assistance, send an email to: vendorop@dshs.wa.gov